



2017 Boy's Spring Youth Baseball Registration Form (Player Pitch Recreational League Form)

Session: Spring: **Registration Dates:** Deadline: March 24, 2017 **League Session Dates:** April 10 – May 12, 2017 **Skip Dates:** None **Manager Meeting Date:** Tue., April 4, 2017 (6:45 pm) Killian Complex

- **Requests cannot be guaranteed.** All registrations are on first-come first-serve basis.
- Make-up games dates: May 15-19, 2017. Games may be scheduled on weekends if space is not available on the night you play.
- Refund requests will be accepted up to March 24, 2017. Approved refunds will be charged a \$10.00 processing fee.
- If you have an individual with a disability, the Park Board requires at least one-week notice to provide individual accommodations. Please describe accommodations needed on the back of this form.
- AGE DETERMINATION DATE is based on May 1, 2017.
- This registration form is for team registration only. Individuals wanting to be placed on an individual waiting list may call the Killian office.
- One coach per team is required to be certified. Visit www.nays.org for your NYSCA Certification.

PLEASE COMPLETE THE INFORMATION BELOW WITH PAYMENT. (We do not take registrations over the phone)

MAIL your entry form to: Springfield-Greene County Park Board
Attn: Community Athletics
1923 N. Weller Springfield, MO 65803

Register in person: Killian Sports Complex
2141 E. Pythian Springfield, MO

FAX registration to: FAX to (417) 837-5829

For Additional Information call: Killian Sports Complex Office
(417) 837-5817
Website: www.parkboard.org

Please make checks payable to: **Springfield-Greene County Park Board** and include your Drivers License Number and Place of Employment on the check. MasterCard, Discover and Visa accepted. Payment must accompany form in order to complete registration. **A late fee of \$30 will be charge for registration after deadline.**

TEAM NAME: _____ MANAGER'S NAME: _____
ADDRESS: _____ CITY: _____ ZIP CODE: _____
PHONE: () _____ CELL PHONE: () _____
EMAIL ADDRESS: _____ 2016 LEAGUE TEAM NAME: _____

CIRCLE LEAGUE, NIGHT AND TEAM CLASS INFORMATION THAT YOU REQUEST TO PLAY:

TEAM INFORMATION (Please rate your team by circling one with 1 being the highest and 4 the lowest)

1) Experienced Team 2) Above Average Team 3) Below Average Team 4) Beginner Team

<u>League Name</u>	<u>Nights Available</u>	<u>Team Registration Fee</u>	<u>League Name</u>	<u>Nights Available</u>	<u>Team Registration Fee</u>
MODIFIED PITCH 9	WEDNESDAY	\$190 / 5-games	PLAYER PITCH 11	MONDAY	\$200 / 5-games
PLAYER PITCH 9	WEDNESDAY	\$190 / 5-games	PLAYER PITCH 12	TUESDAY	\$200 / 5-games
PLAYER PITCH 10	FRIDAY	\$190 / 5-games	PLAYER PITCH 14	WEDNESDAY	\$200 / 5-games

NYSCA Certified Coach (Mandatory): _____ **Certification#:** _____

HCS/HB 62 (31) - Crime Law, all youth sports coaches, managers, and trainers shall be subjected to a background check against the Missouri Sex Offenders Registry before league play begins. Please list all coaches, managers, and trainers legal name, address, city and zip code below. If you need additional space you may attach a sheet of paper or use the back of this form.

Name: _____ Address: _____ City/Zip: _____
Name: _____ Address: _____ City/Zip: _____
Name: _____ Address: _____ City/Zip: _____

Method of Payment: Cash___ Check___ Visa___ MasterCard___ Discover___ Am. Express___ Card # _____

Signature: _____ Expiration Date: _____ 3 Digit Security # (on back) _____

(For office use only)

Amount Paid: _____ Reference / Check Number: _____ Receipt Number: _____